

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010175

FILED
May 06, 2008
Secretary of State

Entity Name: HELP FOR HURTING HEARTS MINISTRIES, INCORPORATED

Current Principal Place of Business:

8506 N GOMEZ AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8506 N GOMEZ AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 30-0284229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAYNE, LYNN DR
8506 N GOMEZ AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAYNE, LYNN DR
Address: 8506 N GOMEZ AVE
City-St-Zip: TAMPA, FL 33614

Title: ST () Delete
Name: SAYNE, SHELIA
Address: 8506 N GOMEZ AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: GRISHAW, BILL
Address: 501 W BIRD ST
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: IRWIN, TERRY
Address: 6411 N LOIS AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LYNN SAYNE

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date